

The Special Attention of Physicians is respectfully invited to the following: *See back of certificate.*

Health Department, City of Baltimore.

Permit No. **A 337**

Office of Registrar of Vital Statistics.

Ward **7th**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 11th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Henry Holtman**

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, **63** Years,

Color, **White** Months, Days

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Sailor**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany (38 yrs in America)**

Duration of Residence in the City of Baltimore, **38 yrs**

Place of Death, { Give Street and Number. } **Cor Eager St & Central Ave**

Cause of Death, { First (Primary), **Fatty Degeneration of heart** }
 { Second (Immediate), **Acute Bronchitis** }

Duration of Last Sickness, **1 mo.**

Place of Burial, **Holy Redeemer Ch**

Date of Burial, **June 14th 1887**

{ Undertaker, **Henry H. Beck & Son** } **Oscar J. Locking** M. D.
 { Place of Business, **123 N. Hubbard** } Medical Attendant.

Address, **624 N. Calvert St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 332 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Loath E. Stenger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 5 Months, 22 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } No 225 S. Freeman

Cause of Death, { First (Primary), _____
Second (Immediate), _____ }

Cholera Infantum
Cerebral Effusion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 13 1883

{ Undertaker, A. R. Burch M. D.

Medical Attendant.

{ Place of Business, Ex Park Ave Address, 511 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 333 Office of Registrar of Vital Statistics. Ward 192

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Banda

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, 13. 6

Place of Death, { Give Street and Number. } # 4 old No Harris Alley -
Marasmus -

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, June 13 1887

Undertaker, William A. Briggs Amman F Hill M. D.

Place of Business, 150 West 4th Address, 17 N. Calhoun St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 334 Office of Registrar of Vital Statistics. Ward 4^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Sanders

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 23 Months, Days

Color, d

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 206 East

Cause of Death, { First (Primary), Hereditary }
{ Second (Immediate), Consumption }

Duration of Last Sickness, 5 mo 11 days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, June 13 1887

{ Undertaker, William A. Dinger } E. C. Baldwin M. D.
Medical Attendant.

{ Place of Business, 150 East } Address, 304 N. Euter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 335

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Mausel

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 2222 E Fayette st

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 14th 1887

{ Undertaker, G France

{ Place of Business, Bank & Wolfe Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M Kewen Sanitary Inspector [OVER]

No. A 230

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 336 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11, 1887

Full Name of Deceased, Hannah Hermann

Sex, Male or Female, Female

Age, 68 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, —

Birth Place, Germany

Duration of Residence in the City of Baltimore, 49 years

Place of Death, 1923 Seiden Lane

Cause of Death, Chronic Bronchitis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Heb. Cong Cemetery

Date of Burial, June 13, 1887

Undertaker, Denny & Mitchell

Place of Business, W. Fayette St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed, 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 337 Office of Registrar of Vital Statistics. Ward 19^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the time specified after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12, 1884

Full Name of Deceased, May A. Spaulding
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 68 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, —
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Balt.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, Home for Aged of the M.E. Church
{ Give Street and Number. }

Cause of Death, a complication of diseases
dropsy
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, London Park City

Date of Burial, June 13th 1884

Undertaker, John J. Meacham

Place of Business, 222 Camden

Address, 1413 W. Fayette St.

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 338 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11" 1887

Full Name of Deceased, Eveline Williams
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female
Male or Female, {Cross out the word not required in this line. }

Age, 60 Years, _____ Months, _____ Days.

Color, African

Married, Single, Widow or Widower, Widow
{Cross out the words not required in this line. }

Occupation, Laundress

Birth Place, Madison C. H. Va
{State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, #705 Little Josephine St
{Give Street and Number. }

Cause of Death, Myelitis
{First (Primary),
Second (Immediate), }

Duration of Last Sickness, 2 wks
All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 13th 1887

{ Undertaker, Alex Hensley Medical Attendant, J Ross Cunningham M. D.

{ Place of Business, 56 Orchard St Address, 406 N Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 339 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, John B. Friedel
{ Write legibly and spell correctly. If an Infant not named, give name of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 63 Years, 11 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, Married
{ Cross out the words not required in this line. }

Occupation, Shoemaker

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 617 E. 2nd St
{ Give Street and Number. }

Cause of Death, Cerebral congestion
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th

Undertaker, E. C. Schilling

Place of Business, Island Square

St. John M. D.

Everett Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A340 Office of Registrar of Vital Statistics. Ward 12^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 - 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Fennick
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 46 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Stone cutter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } Union Protestant Infirmary

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 13th

Undertaker, Georg Schilling } B. Fawcett M. D.

Medical Attendant.

Place of Business, Ashtand Square Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]